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Bib Data Sheet

CONFIRMATION NO. 5342

SERIAL NUMBER 10/612,799	FILING DATE 07/02/2003  RULE	CLASS 312	GROUP ART UNIT 3637	ATTORNEY DOCKET NO. 158.001US01
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APPLICANTS  
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\*\* CONTINUING DATA \*\*\*\*\*  
*HVT* *None*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*HVT* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 09/29/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Initials Examiner's Signature	STATE OR COUNTRY MN	SHEETS DRAWING 5	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
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TITLE  
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